## ISSUE SLIP STAPLE AREA (for additional cross references)

MITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	441	4.5	07-26:01
O.I.P.E. CLASSIFIER		21	9/3
FORMALITY REVIEW	CH	1129	08-31-01
RESPONSE FORMALITY REVIEW			

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22	72	<del>┠╌╏╌╏┈╏</del> ╌╂╼╉	122	<del>┨╺┦═╏╸╏</del> ╌╏╌╏		
23	73	<del>╒╏╸╏╸╏╸╏╺╏╸</del> ┩	123	<del>┪╸</del> ┤╼╂┈┤		
24	74	<del>                                      </del>	124	<del>╂┼╬╬╬</del>		
25	75	<del>▎</del> <del>▍</del>	123	<del>╏┈╎╶╏═┩╶╎╴╏╶┞</del> ╌╣		
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27		<del>┊┩╃╏┩╏</del>		<del>┤┤╏</del> ╂╂╬╬		
28	78	<del>╶╊╍╏╼╏</del> ╌╂╼┦	127	<del>╃╏╃╏╏</del>		
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36	86	<del>╌╏╌┇┈╏╌</del> ┫╼╂╼╂╼┦	135	<del>┞╎╏╏</del> ╌╌╌		
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If more than 150 claims or 10 actions staple additional sheet here

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